



Authorization for Salary Deduction

Personnel Division
DepED , Meralco Ave., Pasig City

I hereby authorize the deduction of _____ PESOS
(P _____) From my salary for _____ months, starting in _____ .20__ to
_____, 20__ or until my total outstanding loan of _____ PESOS
(P _____) Has been fully paid. Amount deducted shall be credited to the account of the DepED Provident
Fund as receivables on the said loans.

Employee No. _____ Status: _____
Division: _____ Code: _____

Signature over Printer Name
Designation: _____
Year's in service: _____

SECRETARIAT'S ASSESSMENT/EVALUATION

A. Documents Submitted: (Two copies of each)

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Loan Application Form (LAF) <input type="checkbox"/> Authorization to Deduct <input type="checkbox"/> Latest copy of pay slip <input type="checkbox"/> Photocopy of DepEd ID <input type="checkbox"/> Approved Appointment (for FIRST TIME borrowers and Co-terminus employees only) <input type="checkbox"/> Document showing proof that the co-terminus employee has rendered at least 2 years' service in DepEd, e.g. Notarized Contract of Service <input type="checkbox"/> Others (specify): _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Additional documents for Additional Loan: <input type="checkbox"/> Letter request <input type="checkbox"/> Hospitalization/Medical Expenses <input type="checkbox"/> Medical Abstract/Certificate/Prescription/Diagnosis <input type="checkbox"/> Barangay/LGU certificate/resolution declaring the borrower's place under State of Calamity |
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Reviewed by: _____	Date: _____
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B. Completeness and Veracity of Submitted Documents:

- Signed and completely filled out LAF
- Complete supporting documents for type of loan applied for
- Signatures on LAF are by authorized signatories

Reviewed by: _____	Date: _____
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C. Eligibility of the Borrower and Co-Maker

- Borrower will not reach the mandatory age retirement on or before the maturity of his/her load. Age: _____
- Co-Maker will not reach the mandatory age retirement on or before the maturity of his/her loan. Age: _____
- Borrower has Outstanding PF Loan Balance:

Current Loan Balance	Amount: PhP
Past-Due Loans	Amount: PhP
- No. of Years/Months Past-Due:

Year/s: _____	Month/s: _____
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- Borrower's Net Take-Home Pay after deduction of monthly amortization of the loan being applied for is equal to or higher than required threshold for the current year.
- For renewal of loans: Borrower has paid at least 30% of the principal of the existing loan.

Percentage of principal paid: _____	%
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Reviewed by: _____	Date: _____
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D. Computation of Loan:

Principal Amount of Loan PhP _____	Net Take Home Pay after Deduction PhP _____
Less: Outstanding Balance of Loan to be renewed	Monthly Amortization PhP _____
Principal PhP _____	Period of Loan (mm/yy – mm/yy) _____
Interest _____	
Net Proceeds by: PhP _____	Date Processed: _____

Processed by: _____ Signature over Printed Name (PF Secretariat)	Remarks: _____ _____ _____ _____
Reviewed by: _____ Signature over Printed Name (Head, PF Secretariat)	

ACTION TAKEN:

Recommending Approval:

JOVEN S. NOYNAY
 Accountant III
 Head, PF Secretariat

Date: _____

LUZVIMINDA C. COSME
 Administrative Officer IV

 Chairperson of the Board

Date: _____



Republic of the Philippines
Department of Education
Provident Fund

Date Submitted:

Loan Application No.

Loan Amount:

Purpose:

Type of Loan: Multi-purpose
 New
 Renewal
 Additional

Term: year/s

- Educational
- Hospitalization/Medical
- Long Medication/Rehabilitation
- House Arrears/Equity
- House Repair – Major
- House Repair – Minor
- Payment of Loans from Private Institution
- Calamity
- Others (specify): _____

Borrower's Information

Co-Maker's Information

(Surname) _____ (First Name) _____ (M.I.) _____
Home Address: _____
Position: _____
Employee No.: _____ Employment Status: _____
Office: _____
Date of Birth: _____ Age: _____
Monthly Salary: PHP _____ Office tel. no. _____
Years in Service: _____ Mobile no. _____
DepEd E-mail address: _____

(Surname) _____ (First Name) _____ (M.I.) _____
Home Address: _____
Position: _____
Employee No.: _____ Employment Status: _____
Office: _____
Date of Birth: _____ Age: _____
Monthly Salary: PHP _____ Office tel. no. _____
Years in Service: _____ Mobile no. _____

Specimen Signatures:

Specimen Signatures:

LOAN AGREEMENT

I hereby apply for a Provident Fund Loan in the Amount of PESOS: _____ (P _____). In consideration of the grant thereof, I promise to pay all installments due based on the attached amortization schedule and bind myself with the terms and conditions of the loan as stipulated in the applicable guidelines of the DepEd Provident Fund. This document also serves as the Promissory Note upon approval of this loan.

Accordingly, I hereby authorize the deductions of the monthly amortization from my salary. Should I be separated from the service, I also hereby agree to settle my outstanding loan balance before the date of my retirement/separation from the service, either through full payment in cash or through the execution of a notarized Promissory Note.

Signature of Borrower
Over Printed Name

Date

I hereby agree to assume all the outstanding obligations for the grant of this loan should the principal borrower be separated from the service, and either retirement or separation benefits due to him/her is not received or is insufficient to settle the borrower's outstanding loan, and upon proper notification by the Provident Fund Secretariat.

Accordingly, I hereby authorize the monthly deduction from my salary of the amortizations for the outstanding obligation of the principal borrower until his/her loan is fully paid.

Signature of Co-Borrower
Over Printed Name

Date

CERTIFICATE OF EMPLOYMENT AND CREDIBILITY

Personnel Division/Unit:

This is to certify that the above loan applicant/borrower:
(1) is a _____ permanent/_____ co-terminus employee of this Office and is not on leave of absence without pay;
(2) has net pay of PHP _____ for the payroll month & year of _____; and
(3) has given the true and correct information on the Loan Application Form.

Signature over Printed Name

Designation: _____
Date: _____

Legal Service/Unit:

This is to certify that the above loan applicant/borrower has no pending administrative or civil case charge against him/her based on records on file with DepEd.

Signature over Printed Name

Designation: _____
Date: _____